Respects of G. H. H.

REPORT OF THE COMMITTEE ON SURGERY.

By George H. Hubbard, M. D.

Mr. President and Gentlemen:—In making a report on Surgery, cases will be detailed only so far as they show its present condition and tendencies and the direction in which it is making progress.

Every man who has devoted attention to Surgery for the last few years must have noticed that it is gradually becoming less of an Art and more of a Science.

By this I mean that mere manual skill and dexterity is much less prized than in years past, while what may well be called the Philosophy of Surgery is engrossing the attention of the most powerful minds in our profession.

It is a common remark that the tendency of modern Surgery is to simplify and make easy and plain what has formerly been considered intricate and obscure. To this fact I would refer in proof that Surgery is becoming less an Art and more a Science, keeping pace with Medicine which is also struggling to free itself from the useless lumber which obscures much of its simple beauty.

Science is a knowledge of the laws of Nature; Art is the power of applying that knowledge to improve the condition and relieve the wants of mankind.

Science is simple. From the every-day observation of the endency of all bodies to fall to the earth, to a perfect apprecia

tion of the motions of the farthest planet, is a series of gradations of the simplest character; and to him who thoroughly learns each simple fact as it is presented to his view, the whole becomes as plain, simple, and as easily understood as any fact of every-day life and observation.

As in Astronomy so in every other Science, to him who approaches it in the right direction and with proper patience and honesty of purpose there is nothing intricate or complex.

By honesty of purpose I mean a freedom from those prejudices which so naturally occupy the human mind in relation to subjects of which it is ignorant, and a sincere desire to know the whole truth regardless of what may have been taught us in earlier years; for it seems universally true that however well taught on some subjects, we find the noblest intellects entertaining on others the most frivolous and unfounded prejudice.

To become scientific then we must first be fully convinced of the Simplicity of Science, of the Universality of Prejudice and of the necessity of thoroughly knowing each elementary fact, as it is presented to our observation, in its appropriate place.

Chemistry, Botany, Geology, &c., have been reckoned as more simple Sciences, because they have had less popular prejudice to overcome than have others connected with our profession.

Medicine, with every opportunity to be (as it really is) the simplest of Sciences, has been considered the most intricate and uncertain, because from our earliest youth it is presented to our minds associated with the most varying and inconsistent prejudices.

These prejudices not only misdirect all our childish observations, but infect the *whole* of our scientific Literature; till the great labor of professional life is to sift the truth from its accompanying falsehood and divest ourselves of the constantly accumulating rubbish which obscures our scientific progress.

But notwithstanding all this, the Science of Medicine is simple and he who regards it otherwise is groping in darkness with no prospect of coming to the light.

Every person who attempts to learn any science, and espec-

ially Medicine, must throw away for naught all the crude and imperfect ideas on the subject which may have crept into his mind during his childhood and youth. Some of these ideas may be true, but are naturally so mixed with error that it is better to disregard the whole than spend the time and labor necessary to determine which is true or false.

While Medicine is purely and simply a Science, Surgery is not only a Science, but may be safely classed among the Fine Arts, and as such can be successfully cultivated only by those of delicate perceptions and well disciplined powers.

Surgery is but external medicine, and any attempt to become a good surgeon except by first becoming a good physician, is to become such, as a mechanic or artist, and not as a Scientific Philosopher.

This class of surgeons is fast passing away and with them much of the eclat which accompanied their too frequent use of the knife and saw.

Surgery, like Medicine, has learned much by a careful observation of the success of Nature's efforts to overcome the results of mechanical injuries, and Surgeons, like Physicians have learned that nature is to be interfered with less and trusted more than has been our former belief. And although often fools rush in where angels fear to tread and mar what they cannot mend, Physicians and Surgeons as a body are becoming more cautiously conservative and Medicine and Surgery are daily becoming better understood as pure Sciences, to be loved for their simplicity.

In presenting the different subjects which have attracted the attention of your reporter during the past year, such information as he has been able to gain from others will be combined, and as the simplest arrangement will commence with

Injuries of the Head. Formerly when an injury was inflicted upon the head, the first thing to be done was to bleed the patient without stopping to inquire whether there was concussion, compression, or neither, and there can be no doubt that many lives have been sacrificed to a blind submission to this

popular demand for blood-letting. We have learned, however, that the cases are few which demand blood-letting at all, and very few indeed which require it immediately after the injury.

The patient being well bled, fracture was to be diligently sought for, and no one who has read the ancient works on Surgery but must have been astonished at the barbarities which were formerly practiced in this search. On the slightest suspicion the skull was laid bare and ink poured on in the hope that it would penetrate and detect a fracture, too slight to be discovered by the naked eye. Now the patient is meddled with only so far as his symptoms point out the necessity of surgical interference, and the kind of interference which is demanded.

We have learned that in many cases the unaided powers of nature are sufficient in very severe injuries of the head, and that no true surgeon will meddle with these cases till the progress of events point out the necessity of so doing. A few cases will illustrate what we consider good practice.

Cases. — *Feb'y 5th*, 1857. I was called to a lad about ten years of age who had been run over by a horse. He was taken up senseless and carried to his home where I saw him within half an hour. He had then recovered his consciousness but was very cold and much depressed from the shock of the injury. Near the centre of the right parietal bone was a wound, caused by a heel-cork of the horse's shoe, which had penetrated into the skull to the depth of half an inch, but the surrounding bone appeared uninjured. Water was applied to the wound from which there was a moderate bleeding, heat to the extremities, and the ordinary means made use of to produce reaction. He gradually become warm, was somewhat feverish for two days, but recovered without any serious symptoms, or any other professional aid than the water-dressing to the scalp, and to enjoin perfect quietude and abstinence.

On the *20th of April*, I saw a man about forty years of age, on whose head a heavy window weight had just fallen. It glanced off without injuring the skull but had badly lacerated the scalp, which was separated from the skull for a surface two inches in length and half an inch in breadth. With difficulty he was persuaded that it must not be "fastened together," and to dress it with spongio-piline, saturated with cool water. Free suppuration took place, and for a few days he had considerable headache, but soon became comfortable and recovered without any serious symptoms.

I have received from Dr. William Laighton, of Portsmouth, the next three cases which are of interest.

On the 27*th of October*, 1855, I was called to Charles Canney, aged nine years. He had fallen into the hold of a ship, head foremost, upon pieces of timber. He struck upon the frontal bone of the cranium, through which a splinter of hard wood was forced, just above the eye on the right side. The piece was of a wedge form, ragged, and about one inch in width. It required considerable force to extract it, which was done by taking hold the projecting part; the patient remaining in a paralyzed condition.

The skull was broken into three pieces. Fracture extended from the occipital through the right parietal, half way across the frontal, then up to the coronal suture, then transversely, separating the temporal from the parietal. The upper portion of the parietal was also separated along the sagittal and lambdoidal sutures.

Hemorrhage not great. The edges of the bone in the frontal region grated freely over each other by careful manipulation. Some ecchymosis over the eye, opposite the fractured side. The face pale, eyes dull, but slowly influenced by strong light.

Stimulants were given, warmth applied externally, wound dressed. Next day leeches applied about the eye.

It was about the fourth day before he knew much of anything around him, and three weeks before he could sit up. In five weeks he could go out, wearing a loose cap.

He recovered regularly but slowly. He now attends school, and no material injury appears to have been done his intellectual faculties.

The interesting point of this case, is, to my mind, that so little injury should have been done the brain by so extensive and complete a fracture of the cranium.

1856, *March* 21.—I was hurried on board a vessel, to see a boy supposed to be dead. Andrew Moran, about twelve years of age had fallen into the hold of a new ship, from the second deck to the ballast, receiving a severe contusion at the posterior point of the occipital bone, not making a fracture, but followed with apparent effect about equal in severity and duration to the one in which the cranium was broken in three pieces, of which I have just spoken.

One remarkable point in this case which has fixed itself indelibly upon my mind, was the reaction of the vital forces; which for violence exceeded everything of the kind which I have witnessed.

The boy was removed from the place of accident to his home, without any one having much expectation that he would recover, or even be reanimated to any degree.

I proceeded to dress the wound feeling very uncertain as to the result.

Stimulants however were given or rather poured into his mouth. Hot applications made externally and fresh air freely admitted.

About one hour after the time of the accident a trembling motion commenced, denoting a reaction of the system, which increased to the most violent degree that I ever saw or imagined the human system to

be exercised with. It seemed to be the desperate struggle between life and death; life continued; the functions were resumed, and from that moment the patient progressed to full recovery.

Another case which I think might well be considered in connection with the two last, as to what kind of shock the brain will bear, and under what condition the recovery is most probable.

Daniel Haslett, aged 21 years. On the 18th of October, 1855, while standing on the top of a car which was but just put in motion (as I was informed) received a blow upon the back of his head by coming in contact with frame work, under which he was passing. It was thought by those about him at the time of the accident that he was not fatally injured, and he even manifested signs of life until he was nearly home, some ten miles distant.

I was summoned immediately upon his arrival. He was dead. The marks of injury were very slight externally. A little hemorrhage from the wound at the occipital bone, a little more from one ear.

The three cases of Canney, Moran and Haslett, taken together, seem to show that shocks on the head are more fatal than fractures, admitting the fractured portions are free and do not compress the brain. And blows upon that part of the head admitting fracture are less fatal, probably from the fact that the yielding to fracture renders the shock less. Though blows at the occipital region may be the more serious from their proximity to the medulla oblongata.

Dr. Josiah Crosby, of Manchester, has furnished me with the two following cases.

July 4th, 1856, *at* 2, *A. M.*, was called to see George French, who had been seriously injured by the bursting of a small cast iron cannon with which the boys were celebrating the national anniversary. Found the brain exposed by the loss of skull scalp and membranes, for a surface of about two inches by one inch. The bone lost was partly from the frontal and partly from the parietal bone, and just above the temporal ridge.

The substance of the brain was much lacerated, a portion carried away, and pieces of bone, dirt, and pieces of his straw hat driven into the wound.

After cleansing the wound and removing the foreign substances it was dressed with cold water, and the boy rapidly recovered, without a bad symptom. The brain is covered by a firm cicatrix and the boy is earning his living by hard labor.

1856, *Sept.* 15. I was called between eight and nine o'clock in the evening to see Cornelius Lane, who had been struck by a slung shot. Found him lying on his back breathing slow and stertorously, pulse 56, falling to 48 at 10 o'clock, perfectly unconscious; no effort could arouse him; no cut or bruise on the skin, anywhere, but a depression in the skull for two and a half inches from the external

angle of the left eye, on a line leading from this point to the crown of the head ; the depression was two inches in diameter, apparently half an inch deep, perfectly smooth, showing no discoloration of the skin. Learning that he was conscious and walked home after the injury and gradually became insensible it was evident that hemorrhage was producing compression of the brain and that trepanning was necessary. The operation was performed by Dr. Geo. A. Crosby, and a large quantity of blood was removed, found between the skull and dura mater ; an artery of the dura mater bleeding quite freely was checked by tannin and sponge. The recovery was slow, but the man is now quite well.

In this connection we would mention the following case of gun shot wound, of the face furnished by ALPHEUS B. CROSBY, M. D., of Hanover.

John Barker, aged thirty, went out with a rifle on the eighth of March last, to hunt for rabbits. About three o'clock, P. M., he was returning home, but passing a house he stopped to chat with the occupant. The breech of the rifle rested upon the ground near his left foot, while both hands grasped the barrel near the muzzle.

The rifle was thus inclining inwards towards his face. A dog belonging to the premises came along and jumped upon him. As he was dropping down again, one of his fore paws struck the hammer of the lock, pushed it part way back and as he slipped off the gun was discharged.

The patient fell to the ground and the man who witnessed the accident supposed he was killed.

Being placed in a wagon he was brought home, a distance of two or three miles, and I was requested to see him at once. Although at first stunned by the accident, he was now fully conscious, and complained of severe pain in the face where he had been wounded.

There were no marks of powder upon his face, from the fact that the charge and ramrod passed through the lappel of his coat. On a line with the left angle of his mouth, and at a distance of half an inch there was a portion of the cheek two inches in diameter on which there were four wounds with pieces of ramrod projecting from each. From the midst of these wounds a contused line could be seen crossing the front part of the cheek, the middle of the left eyelid and left side of the forehead to the brim of his hat. Just at the junction of the brim of the hat with the body there was a perforation extending through the hat and through a ribbon which was tied around it.

Upon the left temple, above the concha of the ear, there was another wound. On introducing a probe into this wound it made its appearance through the scalp three inches above the point of entrance. There was likewise a hole in the crown of his hat corresponding to this wound.

From these appearances the patient and his "sporting friends" felt

confident that the ball could not have entered the face — but the ramrod being driven into the face the ball must have passed upward through one of the holes in the hat already mentioned.

On introducing my finger into his mouth I could detect no internal wound. At the back part of the internal surface of the left cheek some small bits of the ramrod could be distinguished, lying just beneath the mucous membrane.

Having administered chloroform I commenced extracting the fragments of wood which were projecting from the cheek. They were so firmly lodged that they could only be removed by the use of strong forceps. Some dozen splinters were thus removed, varying in length from half an inch to two inches. The wounds were then very carefully probed for a considerable length of time, but without disclosing anything. The wounds varied in depth from one to two inches ; and in each case the probe apparently struck at the bottom against a firm muscular wall. At length I introduced into the largest wound a slender pair of curved polypus forceps, with the convexity downward and inward. These passed in two inches and then met the same obstruction as the probe had done. Happening to press the handles of the instrument inward and downward I had the satisfaction of feeling the point glide by the point of obstruction, and passing upward and outward beneath the zygoma again become obstructed at a place corresponding to a point half an inch anterior to the scapha of the external ear. The forceps had traversed a track three inches in length, having apparently passed between the masseter and buccinator muscles. By pressing the handles downward so as to tilt the point upwards I could distinguish it externally, although the skin covering it was entire and natural in appearance.

The blades of the forceps grated against a hard substance, and on opening them it could be embraced. It was, however, immovable, and although pressure externally gave indications of its presence, it was apparently fixed. All attempts to move the body with the forceps were unsuccessful ; nor could any pieces of the ramrod be detected beyond the curve in the wounded track.

I concluded that the ball must have entered the face and lodged upon the temporal bone, and determined to attempt its removal by a counter opening. Accordingly a vertical incision was made three quarters of an inch in length between the scapha of the ear and the temporal artery, the pulsation of which could be readily distinguished both by sight and touch.

The coverings being thoroughly divided, the ball or rather slug was exposed to view, partially bedded in the temporal bone. A pair of strong forceps being insinuated under one side of it, with a considerable expenditure of strength it was loosened, and finally removed. It was very much flattened and grooved on the side which came in contact with the bone. The accompanying cut will show the shape of the slug when entire and its appearance when removed.

A single suture brought the edges of the counter wound together and a water dressing was applied over the whole left side of the face. There was very little constitutional disturbance. Anodynes and a cathartic were administered, and the patient kept on his back, with a low diet. The counter incision united by the first intention. Suppuration was established in the other wounds on the fourth day. On the tenth day the patient walked out, and recovered without any untoward occurrence.

A careful review of the circumstances in this case will perhaps give a correct rationale.

I suppose it to have happened after this wise :—The charge in the first instance passed through the lappel of the patient's coat, which, of course shielded the face from the effects of the burning powder. Three inches of the upper part of the ramrod was not only split but directly broken off and the fragments driven into the cheek as before described. The remaining portion of the rod must have been split into two pieces, which diverged from each other, One of these undoubtedly passed across the left cheek, middle of the eyelid and forehead, passing through the brim of the hat close to the head — the other passing outward and upward entered the scalp above the ear, glanced upon the skull and made its escape through the scalp three inches above the point of entrance and passed off through the crown of the hat. The slug following the ramrod entered one of the wounds in the cheek, previously made by a large splinter.

The direction of the rifle was such that if nothing had obstructed its progress the slug would probably have lodged somewhere at the base of the brain. But striking against the piece of ramrod already in the wound was diverted in its course, and seeking the direction of the least resistance it passed between the masseter and buccinator muscles beneath the zygoma and lodged as before described.

Considering the proximity of the rifle, and its power as a weapon, the escape of the patient was very remarkable.

As the accident occurred on Sunday the case may serve "to point a moral," even were it devoid of surgical interest.

The Treatment of United Fractures is attracting much attention at the present time and every case which will shed light on this point should be carefully reported. The following have been furnished me by Dr. Josiah Crosby.

P. A., Irish boy, of temperate habits and good constitution, 22 years of age, fell twenty feet from the staging while attending masons in rebuilding the City Hall in 1844, and broke both bones of his left leg, midway between the knee and ankle. The fracture was transverse and was dressed in the usual way by Dr. B——. At the end of three months, when I first saw him, he was walking on crutches with both bones ununited. The leg was dressed on Roe's splint, (very much like Salisbury's,) flexed to nearly a right angle with th

thigh — the thigh made fast to the splint by straps, as also the leg below the knee, and the ankle screwed round so as to make firm and constant pressure against the bottom of the foot. In four weeks the dressings were removed and union effected.

In ——, 185,— J. D., an Irishman, 24 years old, in perfect health and temperate habits had his arm caught by the ears on the Wilton Railroad, crushing the soft parts without breaking the skin, producing comminuted fracture of the humerus a little above the insertion of the deltoid muscle, splitting from the lower end of the upper fragment a piece of bone, quite one-third the diameter of the bone, one inch long which was drawn an inch above the fracture. Severe inflammation followed rendering it doubtful for several days whether the limb or life could be saved; but through the skillful management of Dr. Marshall of Mason, he was carried through this stage safely; but the bone did not unite. Eight months after the injury I first saw the patient, carrying his arm in a sling supported with splints. There was very free motion at the fracture.

The operation of resection was performed and the bones fastened together with gold wire, and the arm dressed with a gutta percha splint fitted to the arm previous to the operation and encircling three-fourths the diameter of the arm, leaving a space to dress the wound without removing the splint. The arm was kept in this dressing about three months when the wire was removed by Dr. Carr, the attending surgeon, and the union was perfect. In this case the apposition was perfect, the upper end of the lower fragment presented a superficial socket, while the lower end of the upper fragment was rounded to correspond with the cavity below, both ends being covered with articular cartilege.

Mrs. ——, Irish, aged 35, of intemperate habits, fell down the steps at the back door of the house and broke both bones of the leg, in the middle third. There was no displacement and the leg was put up in common dressings, and at the end of six weeks the patient was allowed to get up and move about on crutches. I was associated with Dr. Wheat, the city physician, in the treatment of this case and we supposed that ossific union was formed. Some four weeks afterwards we called to see how our patient was getting on and found her shoving about the house with her knee resting on a chair, and on examining the limb found motion at the fracture. The limb was put into a gutta percha splint and the patient directed to walk about the house with a cane bearing as much weight as she could on the leg. In a week she complained of pain and throbbing at the fracture. She was then directed to be kept quiet in bed, and in four weeks there was no motion and in proper time the cure was perfect.

Mr. C——, was thrown from a wagon on the 4th of July and broke the thigh bone obliquely near the middle. I saw the patient, in Dec-

ember following, with the limb shortened one and one-half inches, unable to bear much weight on the leg, had been obliged to use two crutches, slight motion with very evident overlapping of the bones. As there was evidently no ossific union, and the limb shortened an inch and a half, an attempt was made to break up the ligamentous union and bring the limb to its proper length and then perform Brainard's operation and thus effect a cure. The limb was accordingly dressed as for recent fracture and extension attempted. As much power was applied as the patient could bear and continued forty-eight hours. At this time there was no appreciable lengthening of the limb but great pain, throbbing and soreness were the result of the extension. This plan was given up and to take advantage of the inflammation thus excited, the starch bandage was applied and the patient kept quiet in bed a few weeks, and then on his crutches a few weeks, the limb in the meantime getting more and more strength so that at the end of three months he could walk with a cane, and is now perfectly cured, except the shortening of the leg.

Mrs. B——, aged 25, of good health and habits, was thrown from a wagon and fractured the humerus about mid-way; fracture somewhat oblique. The arm was well dressed and received good attention; but when I saw it just four months after the accident, there was no union, but very free motion. Dr. Brainard's operation was performed on the 21st of November, 1856, and repeated on the twelfth day after, and in four weeks union was complete.

The Method of Reducing Dislocations of the Hip Joint by Manipulation, long ago taught by Prof. Nathan Smith, and lately brought prominently to public notice by Dr. Reid, of Rochester, New-York, is becoming firmly fixed in the favor of the profession. Cases are continually being reported of its successful application. Discussion has fully proved that numerous surgeons who were students of Dr. Smith, have been for many years in the habit of reducing Dislocations in this manner, as they were taught by that distinguished surgeon. And reflection upon the philosophy of this method is having a great influence upon the reduction of Dislocations of other joints. We are learning that but a small amount of force is necessary to reduce laxations if conjoined with an intelligent manipulation properly directed to relax those muscles which are put on the stretch by the displacement of the head of the bone. New ideas and principles are daily developed, and we may safely say that on this point, Surgery is making improvement.

Light and Simple Dressings are fast crowding out of sight the burdensome and injurious profusion of bandages, plasters, and ointments, in which Surgery has so long delighted. Although there are many and excellent varieties of Splints in the market, it will be found that those used by the best surgeons are very few and simple.

It is found that pure water is the best evaporating lotion, whether we are treating a fracture bruise, incised or lacerated wound; its temperature always left to the wishes of the patient.

We give the following case to show that it is not always wise to perform severe operations in cases of grave injuries.

Rupture of the Perineum. Sometime during the past winter I was consulted by a medical friend who had on his hands a bad case of Ruptured Perineum. The recto-vaginal septum was torn for more than an inch from the anus.

My advice to keep his patient perfectly still, the parts clean, and her bowels confined for ten days, was strictly followed. An examination at the expiration of this time showed a perfect union, except an orifice at the upper angle of this rupture, about the size of a pea; this was touched with nitrate of silver and was closed in two weeks more.

The Preservation of Limbs from the amputating knife is the greatest improvement in Modern Surgery. Limbs which a few years ago would have been sacrificed as hopeless cases are now made serviceable and much better than any artificial substitutes. This is accomplished in various ways; by removing diseased bones entire, removing the diseased portions, and by carefully watching, aiding and directing the efforts of nature to accomplish the same thing.

Many cases have come under my observation in various ways, but I am unable to report them all at this time. The following case illustrates what nature will accomplish when carefully watched and slightly aided.

Ellen Ryan, age 30 years, jumped from a car which was in motion at the Depot in Manchester. Falling on the platform, she rolled off, and one foot was run over by a car wheel.

The soft parts of the dorsum of the foot were entirely jammed off; the metatarsal bone of the great toe crushed to small pieces and the remaining metatarsal bones separated from the tarsus, but otherwise

uninjured. The soft parts of the bottom of the foot were uninjured. The great toe and its fractured metatarsal bone were removed preserving as much as possible of the sole of the foot. The leg and foot placed in a carved splint which kept the foot in proper position, and the whole dressed with cold water. Profuse suppuration followed and in about a week it became necessary to remove the second toe. By keeping the bones in contact they became attached or consolidated together. The surface healed kindly, the contraction of the large cicatrix drawing the soft parts of the sole of the foot up around the edges giving it the appearance of an Indian moccasin. At the end of about nine months the foot became sound and she resumed her place in the cotton mill and is now tending four looms and earning good wages. She walks the street without a cane and with scarcely a perceptible halt in her gait. In injuries of this severity it has formerly been too much the custom to amputate; either at the leg, or by Chopart's operation.

Asking pardon for the necessarily desultory character of this report, we will bring it to a close with the following cases, kindly furnished by members of the Society. The first is furnished by Dr. William Laighton.

I was called to a child seven months old, which had been screaming violently; it was then sobbing and restless. The mother stated that it had had several such spells. I discovered no particular cause for the condition. I prescribed turpentine mixture to be followed with an opiate. A day or two after, I was called again to the child, in the same condition. At this time the mother directed my attention to the umbilicus, fearing hernia.

In examining the abdomen, I discovered a dark speck about one inch above and to the left of the navel. It proved to be an open end of a sinus. By using a probe I felt a hard substance about half an inch inside the opening. By a very little cutting upon a director I was enabled to reach the foreign body, which I extracted with a pair of fine forceps, and it proved to be a darning needle, which I now hold in my hand.

The direction of the needle was transverse and apparently between the fascia and external muscle. It was corroded and surrounded by pus, was easily extracted and the child at once relieved.

How long this needle had been there, or how it got there, no one knew.

It was probably accidentally pushed in while handling the child, and escaped the notice of the mother in dressing.

A knowledge of such cases should lead to careful examination of infants, especially in cases of convulsions or violent screaming.

Dr. Josiah Crosby furnishes the following:

Mr. M——, is now about 35 years of age, and has always been

dim sighted. About ten years since he entirely lost the sight of one eye by an inflammation which produced opacity of the cornea. Since then he has only had sight enough to get about and do coarse work, such as sawing wood, &c.

On the 8th of November, 1856, he was brought to my office in a coach, entirely blind. His blindness had come on very suddenly that morning.

On examination, I found the lens dislocated and lying in the anterior chamber. My first thought was to remove the lens by an operation, but concluded to first try to dilate the pupil with belladonna and let the lens fall back through it into the posterior chamber. Accordingly the patient was laid on his back, belladonna applied and in four hours the lens had fallen below the axis of vision in the vitreous humor and the patient could see again as well as before. A few days afterward it was again displaced merely by holding the head down to take up a stick of wood and was returned again by the same means, but with much more difficulty, producing pain and inflammation. The eye was soft and flabby, the iris very mobile; waving and trembling at every motion of the eye, however slight. The lens was of an amber color, had lost its transparency and had probably been dislocated for a long time, lying out of the axis of vision in a dissolved vitreous humor.

The following case is furnished by Dr. FERNALD, of Barrington.

One Monday morning in March, 1856, I was called to visit S. W., a little girl of six years. On the preceding Saturday, while at play in the barn, she fell into an area five feet deep, striking her head on a twenty-penny nail which projected from a plank floor, one and one-fourth inch. Being engaged at the time I did not attend till afternoon; in the meantime another physician had been called who had bled her.

Symptoms. Head hot, painful, with high febrile excitement. The wound was near the upper angle of the left parietal bone. A probe passed into the wound sunk into the brain a full inch; in circumference the wound was the size of the head of the nail. She was stunned by the fall, but soon recovered from the shock. Her friends observed the contusion which bled freely, but supposing that it was a wound merely of the scalp, did not summon assistance till Monday, when she was found in the state above described.

On Wednesday, she had a slight convulsion, which was repeated on Thursday. In the intervals there were spasms more or less severe; these spasms became more frequent, the convulsions less frequent. The spasms were confined to the right arm and leg, and recurred every fifteen minutes, through Thursday night and Friday. I was in attendance from Friday noon till Saturday morning, when they had subsided, except occasionally a slight subsultus. Her recovery in two

weeks was perfect and to this time she experiences no inconvenience from the accident.

Treatment. Leeches, saline catharties, strict diet, cold to the head, ext. hyoscyamus, assafœtida, small blister to the nuchæ, friction to the extremities, &c.

In regard to anti-spasmodics, I incline to believe that assafœtida, if properly administered is one of the most useful; but it must be given in large doses, frequently repeated; the infusion I think is in such cases as this and many others, the most convenient. In substance it is too bulky, the tincture too stimulating. Had opium, or any of its preparations been used in this case, the result probably would have been different.

This case brings to mind one seen by your reporter several years since.

A lad, ten years of age, fell from an apple tree, a distance of about eight feet, striking his head on a large stone. He was but slightly stunned and walked several rods to the house with little assistance.

When seen half an hour afterwards he was very comfortable, perfectly conscious, suffering no pain and appearing perfectly well, except a slight coolness of the surface and rather slow pulse, indicating a shock to the system from the fall, and a slight bruise over the right parietal bone. After prescribing for this condition, and enjoining quiet and abstinence we were about leaving, when our attention was called to the patient, who was senseless and the whole left side convulsed. These convulsions increased in violence as reaction came on. As soon as seemed safe the boy was bled from the arm, and an active cathartic administered; this with cold to the head and heat to the extremities, constituting all the treatment. These convulsions continued violently for five hours when they suddenly ceased, the boy recovered his consciousness, and the next day was convalescent.

Dr. L. G. Hill, of Dover, writes me in relation to the use of needles in operations upon the lips.

"One suggestion, however, I should like to make to whomsoever it may concern, viz: that steel needles or pins should never be used in operations for hare-lip, cancer of the lip, &c.

They have been recommended, but my experience with carefully prepared steel needles convinces me that they are not as good as silver pins; suppuration or ulceration takes place about the pins sooner and they do not retain the parts in apposition as long or as perfectly as do the silver pins. It may be said, we did not secure a smooth surface upon our needles, but whatever reasons may be given I am disposed to use the silver and shun the steel pins for all such operations."